

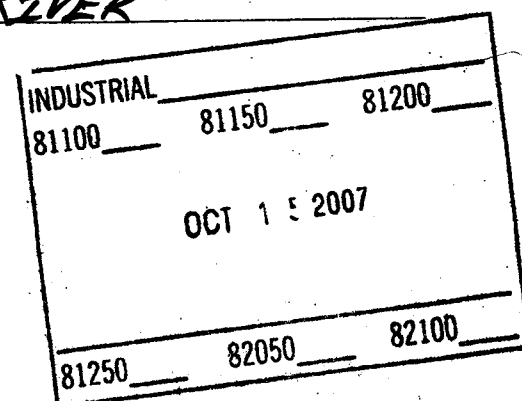
**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

1. Company Name: THE P.F. LABORATORIES, INC.
2. Permit Number if applicable: 32200001
3. Location: 700 UNION BLVD.
TOTOWA, NJ Zip Code: 07512
4. Mailing Address: SAME AS ABOVE Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: GREG JOSEPH
Title: ASSOCIATE DIRECTOR - EHS Phone No.: (973) 837.5033
Address: SAME AS ABOVE Zip code: _____
6. Number of Employees – Full Time: 90 Part Time: 10
Number of Work Days Per Year: 250
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): BLOCK #180, LOT #5⁴15A
2006
Assessed Value: \$15,974,200 (LAND - \$6,259,700, IMPROVEMENTS - \$9,714,200)
8. If property is rented indicate name and address of owner: N/A

Total square feet rented: _____

9. List NJPDES Permit Number if applicable, NJ0088315 (GENERAL STORMWATER) and
Name of receiving Body of Water entered PASSAIC RIVER



SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y - ☒ N

If Y, is it metered

Y - N

River

Y ☒ N

If Y, is it metered

Y - N

11. Name of purchased water supplier:

BOROUGH OF TOTOWA

List all Account #'s:

Block # 180, Lot # 5.0112. Water Received: From Mo. 12/1 Yr. 2005 Through Mo. 11/30 Yr. 2006

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	<u>4,770,000</u>	<u>—</u>	<u>—</u>	<u>4,770,000</u>
2 nd Qtr.	<u>4,621,000</u>	<u>—</u>	<u>—</u>	<u>4,621,000</u>
3 rd Qtr.	<u>6,356,000</u>	<u>—</u>	<u>—</u>	<u>6,356,000</u>
4 th Qtr.	<u>4,852,000</u>	<u>—</u>	<u>—</u>	<u>4,852,000</u>

GRAND TOTAL 20,599,000

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	<u>625,000 *</u>		
Process waste water	<u>18,049,000</u>		
Cooling water			
Evaporation			<u>1,000,000 *</u>
Contained in the product			<u>25,000 *</u>
Other (describe)			<u>1,000,000 *</u>

OTHER: FIRE SYSTEM, BOILERS, COOLING TOWERS, SPRINKLERSGRAND TOTAL 20,599,000

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

☒ Y ☐ N

To the Combined Sewer

Y ☒ N

To the Storm Sewer

Y ☒ N

River or Ditch

Y ☒ N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
AAA AMERICAN SEWER HMHTC RESPONSE INC.	P.O. Box 341 BUTLER, NJ 07405 382 ROUTE 15 SOUTH WHARTON, NJ 07885		SLUDGE-TREATMENT BLDGS. PROCESS/MFG WASTE

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous ☒ or intermittent ☐ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: PHARMACEUTICAL PRODUCTION

List SIC CODE #: 2834 (NAIC: 325412)

18. Principal Raw Materials used: MORPHINE SULFATE PENTAHYDRATE, THEOPHYLLINE, ANHYDROUS, OXYCODONE HYDROCHLORIDE - ACTIVE INGREDIENTS

19. Principal Products or Services: PHARMACEUTICAL TABLETS & CAPSULES (MS CONTIN, OXYCONTIN, UNIPHYL)

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: N/A

Does this facility shutdown for vacation(s)? YES If so, is it basically the same time each year. YES Provide dates usually shutdown 3 WEEKS - JULY, 1-2 WEEKS - DEC

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 32200001-1 5,000 GALLON NEUTRALIZATION TANK W/
AUTO. PLC, CONTINUOUS PH MONITORING, CHEMICAL ADD. & FLOW METER

Outlet 32200001-2 SAME AS ABOVE

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>32200001-1</u>	<u>YES</u>	<u>ISCO MODEL #2900</u>	<u>YES</u>
<u>32200001-2</u>	<u>YES</u>	<u>" " "</u>	<u>YES</u>

SECTION D (continued)

23. Volume Information:

Outlet	Daily Flow (Gallons)	Metered (Y - N)	Type	Date
32200001-1	50,000	Y	ABB METER	11/03
32200001-2	3,000	Y	MULTIPOINT HYDRANGER	11/00

24. Frequency of calibration of each flow meter: ANNUAL
(LAST CALIBRATIONS PERFORMED ON 10/4/06)

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SEE ATTACHED